

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
10	1								
11									
12	1								
13									
14									
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49									
50									
TOTAL IND.	11	↓		↓		↓			
TOTAL DEP.	91	↔		↔		↔			
TOTAL CLAIMS	102								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS